Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001 **CLAIMS AS FILED - PART I** SMALL ENTITY OTHER THAN (Column 1) **TYPE** (Column 2) OR **SMALL ENTITY TOTAL CLAIMS** RATE FEE RATE FEE OR BASIC FEE FOR NUMBER FILED NUMBER EXTRA **BASIC FEE** 370.00 740.00 TOTAL CHARGEABLE CLAIMS minus 20= X\$ 9= X\$18=OR INDEPENDENT CLAIMS minus 3 =X42= X84= OR MULTIPLE DEPENDENT CLAIM PRESENT +140= +280= OR \* If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL TOTAL OR **CLAIMS AS AMENDED - PART II** OTHER THAN **SMALL ENTITY** OR SMALL ENTITY (Column 1) (Column 3) (Column 2) **CLAIMS** HIGHEST ADDI ADDI-REMAINING NUMBER PRESENT RATE TIONA TIONAL RATE **AMENDMENT AFTER PREVIOUSLY** EXT FEE **AMENDMENT** PAID FOR FEE Total Minus X\$18= X\$9=OR Independent Minus X42 =X84= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140= +280= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI- $\mathbf{\omega}$ REMAINING NUMBER PRESENT RATE TIONAL RATE TIONAL ENDMENT AFTER PREVIOUSLY **EXTRA AMENDMENT** PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR Independent Minus X42= X84= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +280= +140= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column\_1) (Column.2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER **PRESENT** AMENDMENT TIONAL RATE **AFTER PREVIOUSLY** RATE TIONAL **EXTRA AMENDMENT** PAID FOR FEE FEE Total Minus \*\* X\$ 9= X\$18= OR Independent Minus X42= X84= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +280= +140= OR \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL TOTAL \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." OR ADDIT. FEE ADDIT. FEE \*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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|  |  |   |                                       |                               |              |                  |             | Application or Docket Number |                        |        |                            |                        |
|--|--|---|---------------------------------------|-------------------------------|--------------|------------------|-------------|------------------------------|------------------------|--------|----------------------------|------------------------|
| PATENT APPLICATION FEE DETERMINATION RECOF<br>Effective October 1, 2000  |  |   |                                       |                               |              |                  |             | D 19759715                   |                        |        |                            |                        |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |                                       |                               |              |                  |             | SMALL ENTITY TYPE            |                        | OR     | OTHER THAN<br>SMALL ENTITY |                        |
| TOTAL CLAIMS   |  |   | 16                                    |                               |              |                  |             | ATE                          | FEE                    | 1      | RATE                       | FEE                    |
| FOR  |  |   | NUMBER FILED                          |                               | NUMBER EXTRA |                  | BAS         | SIC FEE                      | 355.00                 | OR     | BASIC FEE                  | 710.00                 |
| TOTAL CHARGEABLE CLAIMS  |  |   | /6 minus 20=                          |                               | • /          |                  | X           | \$ 9=                        |                        | OR     | X\$18=                     |                        |
| INDEPENDENT CLAIMS   |  |   | 3 minus 3 = *                         |                               |              |                  | ×           | 40=                          |                        | OR     | X80=                       |                        |
| MU   | LTIPLE DEPEN                                   | DENT CLAIM P                              | RESENT                                |                               |              |                  | +           | 135=                         |                        | OR     | +270=                      |                        |
| * If   | the difference                                 | in column 1 is                            | less than zero, enter "0" in column 2 |                               |              |                  |             | OTAL                         |                        |        | TOTAL                      | 110                    |
| CLAIMS AS AMENDED - PART II  |  |   |                                       |                               |              |                  |             |                              |                        | 10.1.1 | OTHER                      | THAN                   |
| (Column 1)   |  |   | (Column 2)                            |                               |              | (Column 3)       | SI          | SMALL ENTITY                 |                        | OR     | SMALL                      |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY | PRESENT<br>EXTRA | R           | ATE                          | ADDI-<br>TIONAL<br>FEE |        | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                                 | **                            |              | =                | х           | \$ 9=                        |                        | OR     | X\$18=                     |                        |
|  | Independent                                    | •   | Minus                                 | ***                           |              | =                | x           | 40=                          |                        | OR     | X80=                       |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                       |                               |              |                  |             | · in the                     | a compression pe       | No.    | まぶもけった                     |                        |
|  |  |   |                                       |                               |              |                  |             | 35=                          | <u> </u>               | OR     | +270=<br>TOTAL             |                        |
|  |  |   |                                       |                               |              |                  |             | TOTAL<br>T. FEE              |                        | OR     | ADDIT FEE                  |                        |
|  |  | (Column 1)<br>CLAIMS                      |                                       | (Colu                         |              |                  |             |                              |                        |        | 4                          |                        |
| AMENDMENT B  |  | REMAINING<br>AFTER<br>AMENDMENT           |                                       | NUM<br>PREVIO<br>PAID         | BER<br>OUSLY | PRESENT<br>EXTRA | R           | ATE                          | ADDI-<br>TIONAL<br>FEE |        | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | •   | Minus                                 | **                            |              | =                | x           | \$ 9=                        |                        | OR     | X\$18=                     |                        |
|  | Independent                                    | ¥   | Minus                                 | ***                           |              | =                | X           | 40=                          | e 194                  | OR     | X80=                       |                        |
|  | FIRST PRESE                                    | NTATION OF M                              | ULTIPLE DE                            | PENDENT                       | CLAIM        |                  |             | 35=                          |                        | UH     |                            |                        |
|  |  |   |                                       |                               |              |                  |             |                              |                        | OR     | +270≃                      |                        |
| А  |  |   |                                       |                               |              |                  |             | TOTAL<br>T. FEE              |                        | OR     | TOTAL<br>ADDIT. FEE        |                        |
|  |  |   |                                       |                               |              |                  |             |                              |                        |        |                            |                        |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGH<br>NUM<br>PREVI<br>PAID  | BER          | PRESENT<br>EXTRA | R           | ATE                          | ADDI-<br>TIONAL<br>FEE |        | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | •   | Minus                                 | **                            | :            | =                | X           | § 9=                         | بالمراج فالمحرا        | OR     | X\$18=                     |                        |
|  | Independent                                    | *   | Minus                                 | ***                           |              | =                | X           | 40=                          |                        |        | X80=                       |                        |
|  | FIRST PRESE                                    | NTATION OF M                              | ULTIPLE DE                            | PENDEN                        | T CLAIM      |                  | Ĭ⊢          |                              |                        | OR     |                            |                        |
|  | If the anterior activ                          | mn 1 in less then t                       | bo ontre in                           | lump () w-it-                 | o "O" in ca  | lumn 2           |             | 35=                          |                        | OR     | +270=                      |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |  |   |                                       |                               |              |                  |             |                              |                        |        |                            |                        |
|  |  | imber Previously P<br>nber Previously Pa  |                                       |                               |              |                  | er found in | the ap                       | propriate bo           |        |                            |                        |